



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
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FAX
Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

JStokes

11/09/2015

#2519

State of Nevada
Committee for Political Action
(PAC)
Registration Form
Page 1

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☒ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(3)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:
Nevada Leadership Team

Telephone:
702-542-3900

Mailing Address:
3800 Reflection Way
Street Name, Number

Las Vegas
City

NV 89147
State Zip Code

PAC Active Email Address: lbustamanteadams@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.
Fostering Assembly leadership

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Bradley S. Schrager, Esq., Wolf, Rifkin, Shapiro, Schulman & Rabkin, LLP

Telephone:
(702) 341-5200

Physical Address:
3556 E. Russell Road, 2nd Floor
Street Name, Number

Las Vegas
City

NV 89120
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named
Committee for Political Action.

Date:
November 4, 2015

X *[Signature]*
Signature of Registered Agent



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**Committee for Political Action
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Telephone:

Irene Bustamante Adams

702-542-3900

Mailing Address:

3800 Reflection Way

Las Vegas

NV 89147

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

XO. Bustamante Adams
Signature of Representative of Group

Printed Name:

Irene Bustamante Adams

Date:

11/4/15

Telephone:

702-542-3900